



LAWYERS
MUTUAL

LIABILITY INSURANCE
COMPANY OF
NORTH CAROLINA

1001 Winstead Drive, Suite 285 | Cary, North Carolina 27513
Post Office Box 1929 | Cary, North Carolina 27512-1929
919.677.8900 | 800.662.8843 | www.lawyersmutualnc.com

REQUEST FOR POLICY CANCELLATION

1. Within 30 days of the requested cancellation date, please fax this completed form to (919) 677-9641 or email it to underwriting@lawyersmutualnc.com.
2. For questions, please call (919) 677-8900 or (800) 662-8843.

Firm Name: _____ Policy Number: _____

Requested Cancellation Date: _____

Cancellation Reason:

| | | |
|---------------------------|------------------------------|-----------------------------|
| firm dissolving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| retiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| leaving private practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(e.g., in-house counsel, judicial, state government, etc.)

| | | |
|-------------------------------|------------------------------|-----------------------------|
| moving out of North Carolina? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| joining another firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of firm: _____

| | | |
|-----------|------------------------------|-----------------------------|
| deceased? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------|------------------------------|-----------------------------|

(If the attorney is deceased, please contact the underwriting department at one of the telephone numbers above.)

other? _____

Any refund resulting from the cancellation of this policy will be issued to the **Named Insured** (the law firm) at the address on file with Lawyers Mutual. Please provide a forwarding address, phone number, and email if any have changed.

Address: _____

Phone: _____ Email: _____

Signature of Partner, Director, Officer or Owner

Date